

# Teaching Students Physics:

Physics I Motion thru Energy & Sound, Physics for Everyone!

**Dates:** June 15 – June 19, 2009

**Location:** Emery High School (Science Wing), Castle Dale

**Credit:** USOE or 3 Brigham Young University semester hours

**Instructor:** Duane Merrell

**Course Contact Information:**

Duane Merrell	801-422-2255	<a href="mailto:duane_merrell@byu.edu">duane_merrell@byu.edu</a>
Richard R. Tolman	801-863-6229	<a href="mailto:tolmanri@uvu.edu">tolmanri@uvu.edu</a>

**Registration Fee and Deposit:**

\$275	Registration fee to:	Emery County School District
\$50	Deposit to:	Brigham Young University

**Send registration form and deposit to:**

Richard R. Tolman, Ph.D.  
Professor of Biology  
224 Science Building, Mail Code 179  
Utah Valley University  
800 West University Parkway  
Orem, UT 84058



**Registration Contact Information:**

Richard R. Tolman  
801-863-6229  
[tolmanri@uvu.edu](mailto:tolmanri@uvu.edu)

**Course Description:**

This course focus is on motion thru energy (Kinematics) and sound. Many projects and student engaged activities will be used. Learn to use projects to teach many topics. Pop Bottle Drag Racers, Two Liter Rockets, Egg Blasters are some of the projects that will be attempted.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



# 2009 Science Professional Development Registration Form

*(Duplicate as Necessary)*

**Mail to:**

**Workshop Contact:**

Workshop Title	Date	Location	Registration Fee

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**